

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/509867**

AFFILIANT(S)

FILING DATE

**Winston Alvarez**  
National Stage Processing  
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**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		2					53	/					
4	/						54		/				
5	/						55	/					
6		/					56		/				
7	/						57		2				
8	/						58		0				
9	/						59	/					
10		/					60		/				
11		/					61		2				
12	/						62		/				
13		/					63	/					
14	/						64		/				
15		/					65		2				
16		/					66		0				
17		3					67	/					
18		0					68		/				
19	/						69		/				
20		/					70						
21		/					71						
22	/						72						
23	/						73						
24		/					74						
25	/						75						
26	/						76						
27	/						77						
28		/					78						
29		/					79						
30	/						80						
31		/					81						
32	/						82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37	/						87						
38	/						88						
39	/						89						
40		/					90						
41	/						91						
42		/					92						
43		/					93						
44		3					94						
45		0					95						
46	/						96						
47		/					97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.	29	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	46	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	75						TOTAL CLAIMS						